

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000855	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/19/2015
NAME OF PROVIDER OR SUPPLIER BEMENT HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 601 NORTH MORGAN BEMENT, IL 61813		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.610a) 300.1210b)5) 300.1210d)6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following</p>	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

09/03/15

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S9999	<p>Continued From page 1</p> <p>procedures:</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to safely transfer one (R1) of eleven residents in the sample of eleven reviewed for transfers and falls. This failure resulted in R1 falling and sustaining a left humeral fracture and right scapular fracture. Additionally, R1 was transferred improperly, during the use of a gait belt, as R1 was held at the location of her injury.</p> <p>Findings include:</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

BEMENT HEALTH CARE CENTER **601 NORTH MORGAN**
BEMENT, IL 61813

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S9999	Continued From page 2 1.The facility Transfer Belts/Gait Belts policy dated 4/10/06 documents gait belts promote safety in transferring and ambulating residents and are used if one is indicated on the residents care plan. The gait belt is to be placed around the resident's waist and staff are to grasp the secured gait belt to provide stability and balance during the transfer. The Physician Order Sheet (POS) dated 8/1/15 documents R1 is diagnosed with Right Lower Extremity Weakness, Transient Ischemic Attack, Hypertension, Left Humeral Fracture, and Right Scapular Fracture. The Care Plan dated 5/4/15 documents R1 needs to be transferred and ambulated with one staff assist, a gait belt, and a walker. The Fall Risk Assessment dated 4/22/15 documents R1 as high risk for falls. R1 requires assist to stand, has loss of balance while standing and walking, and has right lower extremity weakness. The Minimum Data Set (MDS) dated 4/29/15 documents R1 is cognitively intact and ambulates and transfers with the assistance of at least one person. The same MDS documents R1 is not steady and is only able to stabilize with staff assistance while walking and transferring. The undated Final Fall Report documents R1 fell on 7/24/15 when exiting the shower room. E3 Certified Nursing Assistant (CNA) was helping R1 to walk out of the shower room. E3 went to open the door and when she turned around R1 was falling backward. Following the fall, R1 complained of pain in her left arm and was sent	S9999		

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S9999	<p>Continued From page 3</p> <p>to the Emergency Room for evaluation. R1 sustained a left humeral fracture and right scapular fracture due to the fall.</p> <p>The Fracture Clinic Consult Report dated 7/31/15 documents R1 went for a follow up appointment and it was confirmed that R1 sustained a left humeral fracture and right scapular fracture.</p> <p>On 8/18/15 at 11:00 AM, E3 CNA stated that on 7/24/15, she completed R1's shower and was helping her walk out of the bathroom with a gait belt and walker. E3 stated she needed to open the shower room door, so she stepped forward and let go of R1's gait belt. When E3 turned back around, R1 was falling backwards.</p> <p>On 8/18/15 at 3:00 PM, E2 Director of Nursing (DON) stated on 7/24/15, when exiting the shower room, E3 CNA should have kept her hand on R1's gait belt at all times. E2 stated E3 was disciplined for failure to follow proper procedure when transferring a resident with a gait belt and an in service on the gait belt policy and the proper use of gait belt use was given to all direct care staff.</p> <p>The Nursing Progress Review dated 7/27/15 documents R1 had a fall on 7/24/15 when exiting the shower room. The root cause is listed as loss of balance and staff error. The prevention interventions are listed as staff education and discipline.</p> <p>2. On 8/19/15 at 11:05 AM, E7 CNA and E8 CNA transferred R1 from her recliner to the wheelchair. E8 placed the gait belt around R1's waist and grasped the gait belt in the front and back of R1. E7 grabbed the gait belt in the back of R1 with one hand and grasped under R1's right</p>	S9999			

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S9999	Continued From page 4 arm, at the location of the scapular fracture, with the other hand. Both E7 and E8 lifted R1 into a standing position and turned her towards the wheelchair. E7 let go of the gait belt and pulled the wheelchair closer, while only supporting R1 by her right arm. R1 grimaced when E7 let go of the gait belt. On 8/19/15 at 11:45 AM, E3 DON stated, during the transfer E7 CNA should have kept both hands on R1's gait belt and should not have been supporting R1 by her arm, especially since both arms had been recently fractured. E3 stated the training staff just attended a class on safe transferring and will be sharing the information with the rest of the direct care staff. (B)	S9999			